

**RAID (RAPID ACCESS TO INTERVENTION DEVELOPMENT) APPLICANT
INTELLECTUAL PROPERTY REPORT FORM**
(information to be provided by Applicant's Technology Transfer Office)

Institution Name:

Principal Investigator Name:

1. Describe technology or material to be developed in RAID project:	
2. Describe patents/patent applications held or filed by <u>your institution</u> that protect or relate to technology/material (provide filing/patent serial #'s):	Serial #'s: _____
3. Describe patents/patent applications held or filed by <u>third parties</u> that protect or relate to technology/material (provide filing/patent serial #'s and assignee):	Serial #: _____ Assignee: _____ Serial #: _____ Assignee: _____ Serial #: _____ Assignee: _____ Serial #: _____ Assignee: _____ Serial #: _____ Assignee: _____
4. If technology/material is subject of issued/pending third party patent, please indicate whether applicant has obtained license/permission to use:	
5. Has technology/material been licensed by your institution to third party?	Y __ N __
6. Are filing/prosecution costs of your institution's relevant patent applications being shared with a commercial party?	Y __ N __ Not Applicable __
7. Does licensee(s) meet small business size regulations set forth in 13 CFR 121 (<500 employees)?	Y __ N __
<p><i>Note: Successful licensure to a non-small business entity precludes eligibility for RAID support. In the event of successful licensure to a non-small business firm during the course of RAID-supported activities, the currently active project will be drawn to an orderly conclusion in collaboration with the originating laboratory and the licensee, the data made available as a Master File, and/or product transferred to the originating laboratory.</i></p> <p>The RAID Coordinator (contact information provided below) should be notified if successful licensure of the current application's subject agent/technology occurs.</p>	
8a. Has research that produced technology received any private sector support?	Y __ N __
8b. If "Yes" in 7a, please describe:	

9. Describe any license option or obligation to third parties regarding this technology for its use:	
10. Describe any patents not named in item #3 above that are held by others and which would be required for the development of this technology:	

SIGNATURE REQUIRED ON NEXT PAGE

Signed by Applicant's Technology Transfer Office

Office Name:

Address:

Phone:

Fax:

Contact Signature: _____

Date: _____

Contact Name (Print):

Contact Title:

Any questions regarding this document should be directed to:

RAID Program Coordinator

DTP, DCTD, NCI, NIH

Executive Plaza North

6130 Executive Blvd; Room 8022

Rockville, MD 20852

Tel: 301-496-8720

Fax: 301-402-0831